

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ADIE</i>	<i>19</i>	<i>08/06-01</i>
O.I.P.E. CLASSIFIER		<i>52-916</i>	<i>8/15</i>
FORMALITY REVIEW	<i>HB</i>	<i>52-886</i>	<i>10-03-01</i>
RESPONSE FORMALITY REVIEW	<i>HB</i>		<i>03-04-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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